

Leonard Cheshire Disability

Wharfedale House - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 13 August 2015 and was unannounced. Wharfedale House is a care home for 18 people with physical disabilities. There are 12 en-suite bedrooms, two shared rooms with communal lounges, dining areas, kitchen, and laundry room and four self-contained flats with these facilities within them. The flats can be used by people who are working towards living independently. There were 18 people living in the service when we inspected.

A registered manager was in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People we spoke with were positive about living at the service and told us that the staff and registered manager provided a good standard of care and support. We saw that the provider investigated concerns when these were raised.

The service was robust in following local authority guidance and policy in reporting safeguarding issues. Staff we spoke with showed a good understanding of what constituted abuse and what to do if they believed that any abuse was taking place.

Risk assessments were in place and regularly reviewed and updated. We saw that people who used the service were involved in the process of review.

We found that recruitment of staff involved appropriate checks to ensure that applicants were suitable to work with vulnerable people. People who used the service were involved in recruitment of new staff at all levels. Staffing levels were maintained at a level which enabled the service to provide appropriate support to people.

People who used the service told us that staff understood how to meet their needs and we saw that the service demonstrated a commitment to staff training.

Supervision and appraisal for staff was not taking place at sufficiently regular intervals to ensure that staff were fully supported in delivering care. The registered manager had already taken action to address this.

Care plans were clear, comprehensive and personalised. We saw that they contained records which showed that people had regular input from other health professionals. People told us that they were involved in writing and reviewing their care plans.

The service maintained a well-planned programme of activities with the support of volunteers, and we saw that people who used the service were regularly consulted about the things that they wished to do.

We saw that the service had a good system in place for handling complaints and concerns. Where a person had raised concerns that could not be addressed by the registered manager we saw that the provider had taken action.

The registered manager was seen as approachable and responsive by both staff and people who used the service. Staff meetings were regularly held, giving the staff an opportunity to discuss any issues.

A number of audits were undertaken with results analysed and actions planned to ensure effective service delivery and improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The service assessed and monitored risk and included people who used the service in reviews of care plans.

The approach to safeguarding was robust. Medicines were administered safely and people who managed their own medicines received appropriate support.

There were sufficient staff on duty at all times to provide support for people.

Good



Is the service effective?

The service was not consistently effective.

Staff supervision and appraisal was not taking place regularly to ensure that staff were fully supported in delivering care. The registered manager showed us that there was a plan in place to address this.

Staff received training that gave them the knowledge and skills to provide care to people.

Health, care and support needs were assessed and met by regular contact with health professionals.

Requires improvement



Is the service caring?

The service was caring.

People spoke highly of the staff and told us that they were supported with respect and kindness and experienced flexibility in their routines. We saw that people had good relationships with staff members and the registered manager.

People were involved in the writing and review of their care plans.

Good



Is the service responsive?

The service was responsive.

Care plans were comprehensive and ensured that staff had good guidance to provide care that met people's needs.

We saw that the service provided a well-planned programme of activities which people told us they enjoyed.

Good



Is the service well-led?

The service was well-led.

There was high morale amongst staff.

Good



Summary of findings

The registered manager had a robust system of audits in place to ensure effective monitoring of the service

The service actively sought and acted on feedback from people living at the home.

Wharfedale House - Care Home Physical Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 August 2015 and was unannounced. Our inspection team consisted of three adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked the information that we held about the service and the provider. This included the notifications that the provider had sent to us about incidents at their service and information that we had received from the public.

We spoke with 11 people who used the service and two visiting relatives. We also spoke with six members of staff and the registered manager.

We looked at five people's care records. We also looked at records relating to the management of the service. These included quality checks, staff rotas, recruitment and training records.

Is the service safe?

Our findings

Most people we spoke with told us that they felt safe in the home. One person said, “Everybody’s friendly. Not just one person, everybody.” Another person said “This is a wonderful place, there is nothing to dislike.” One person told us in detail about an experience of feeling unsafe. They said that the registered manager had been very supportive with this issue and had taken action. We talked to the registered manager who told us about the plans to support people who felt vulnerable and we saw that action had been taken to try and help including respite away from the home and assistance with moving to another home.

We spoke with staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and were confident in what to do if they witnessed any incidents. The home had policies and procedure in place for safeguarding vulnerable adults, and made information available to staff in both leaflet and poster form. The home’s performance indicator report showed 100% of staff had received safeguarding training. When we looked at the personal support plans of people who used the service, we saw for one person that a protection plan document had been developed with them on how to respond if they felt bullied by other people who used the service. This had been developed in response to the person who used the service reporting bullying and intimidation from another who used the service. We saw the correct procedures had been followed to keep the person safe.

We saw that training was given to staff on behaviour support awareness. Where there had been challenging incidents in the home, staff had received support from the provider’s behaviour management officer and an action plan had been written and put into place.

We looked at the care records of five people. Support plans demonstrated individual risk assessments were carried out and identified risks for individuals and how these could be reduced or managed. We saw that one person was at risk from recurrent chest infections. The risk assessment did not describe the symptoms of chest infection to guide staff in their management of this situation. The registered manager agreed to amend the risk management plan to

reflect this. Risk assessments and management plans were updated at least every three months or sooner if people’s needs changed. They showed evidence of the involvement of people who used the service.

We walked round the home, looking in all communal areas, bathrooms, toilets, laundry rooms and some bedrooms. We found the home to be clean, tidy and well maintained throughout. People had keys for their doors and had given written consent for staff to hold a master key. We saw that window restrictors were in place throughout the home, however the windows in the first floor conservatory had locks built into the frames which could be released by lifting a catch marked ‘lift’. We asked the registered manager to ensure these restrictors met current guidance. We saw that there were appropriate emergency evacuation procedures in place, supported with a programme of fire drills in which people who used the service also participated. We saw that there was a detailed personal evacuation plan for each person living in the home, and an emergency file which contained all details of staff members, people’s next of kin, contact numbers for all emergency services and details of a designated place of safety..

The registered manager told us that staffing levels were determined by the needs of people living at the home. A member of staff told us “We don’t feel short staffed.” A visitor told us “When you notice a dip in the number it’s due to illness or something, and it’s the exception rather than the rule. Other staff come in to cover.” People told us that that they received care from staff they knew. One person said “We used to have agency staff all the time but [the registered manager] stopped all that. Having regular people to help me improved my mood, my ability and confidence.” People told us that there were usually enough staff and that they were not kept waiting for assistance when it was needed. One person who used the service told us “Staffing levels are adequate but perhaps on some occasions at weekends they could do with a bit more help.” Another person told us “My call bell is answered straight away usually, they’re really fast.” We looked at staffing rotas and saw that staffing levels were consistent with a senior member of staff on duty at each shift.

Is the service safe?

A person who used the service told us of some concerns they had regarding a recent incident where a staff member had to work a longer than usual shift. We discussed this with the registered manager and a satisfactory explanation was given as to how the staffing was provided safely.

Overall we saw that appropriate recruitment checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people and included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people.

We looked at the recruitment process for five members of staff. We saw that for three of the five staff members, references were on file to show evidence of good conduct in previous employment. However for two staff, who had been in post over six months, the references were not available in the home. The registered manager said this was an administrative error and the provider's head office had not sent them to the home. We looked at the recruitment policy and saw that it stated the appointing manager should check references prior to job offers being made. The registered manager said they would arrange to have the references sent to the home.

People were protected against the risks associated from medicines because the provider had comprehensive and appropriate policies, procedures and practices in place to manage these. Staff told us that they received appropriate training and this was periodically updated. Six people who

used the service managed their own medication and we saw risk assessments and guidance for staff in place to ensure that this was done safely. Staff told us that they ensured that an appropriate length of time was left between doses of medication to ensure that its effectiveness was not compromised.

We saw that staff spoke to people and were discreet, respectful and patient when administering medication. We saw that people were offered PRN medication. One person purchased their own homely remedies and we saw that these were included on their Medicines Administration Record' (MAR) form. We were told that these were also recorded in the person's care plan. We looked at the MAR forms for eleven people and found that these were correctly completed. Staff we spoke with were confident in what they would do if medication was missed or given in error.

We saw the medication audits had been undertaken monthly and evidence that actions had been taken where needed. We saw evidence that the registered manager monitored the administration of medication and had an effective system in place for communicating changes to staff.

Staff showed us the systems in place for ordering, storing, review and changes of medication which were well understood and effective. We saw appropriate procedures in place for storage and disposal of any discontinued medication. Controlled drugs were securely stored and records were in good order.

Is the service effective?

Our findings

People told us that they were cared for by staff who were able to meet their needs. One person told us “Staff definitely know how to care for me. During quiet times the staff will come into my room and read my PCP to keep up to date with it.” Another person told us that there was “Not one member of the staff I wouldn’t rely on.” During the inspection we saw that the staff and the registered manager knew people well.

People were cared for by trained staff. The provider had systems in place to identify what training staff should receive and when this should be completed. Bank staff received the same training as full time staff. We looked at the provider’s performance indicator report on training. This gave an overview of training completed at the home. We saw from this report that all training was up to date for staff. There was a wide variety of training on offer. This included; dementia awareness, person centred planning, food hygiene, health and safety, manual handling, equality and diversity, communication and emergency first aid.

We looked at the supervision records for three staff. We saw that they were personalised and included details of training undertaken or required, tasks to be completed and positive feedback on performance. They were dated and signed by both the supervisor and staff member. One member of staff we spoke with told us “I have had a supervision this year. It was useful and I could bring up issues and get feedback. When issues are raised they are escalated and dealt with.” We saw from the records that supervisions were taking place at intervals of up to ten months. For example one record dated 9 December 2014 stated that the next supervision would be due in February 2015 but had not taken place until August 2015. We asked the registered manager about this. They told us that there had been some slippage but that training had been arranged for key staff and we saw that there was a plan in place to deliver a programme of regular supervision and appraisal.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us there were three people who

had a DoLS authorisation in place. We looked at relevant documentation and found where people did not have the capacity to make decisions about different aspects of their care and support this was assessed and recorded. These records were kept in the personal files of people who used the service and were therefore easily accessible to staff. Staff were able to tell us about the restrictions and how these impacted on people’s daily lives.

We looked at care records in relation to the assessment of the mental capacity of people who used the service. We saw the assessment documentation was comprehensive and followed the guidance of the Mental Capacity Act 2005 (MCA). However, for one person, the registered manager did not have a copy the assessment as it had been carried out by an external professional. They agreed they would obtain one to show this had been done. We saw that where needed, the assistance of independent mental capacity advocates (IMCA’s) had been obtained to help with best interest planning and decision making.

When we observed staff, we saw they asked people for their consent to any interventions such as moving and handling and assistance with meals or drinks. People told us about how they were able to make choice about their care and support. One person said “If I decided that I didn’t want a walk one day, well that’s ok.” Another person told us “They ask me every single time they do something for me.”

People’s nutritional needs were assessed during the care and support planning process and we saw people’s likes, dislikes and any allergies had been recorded in their support plan. Weights were monitored and recorded at regular intervals, depending on the assessed level of risk. Records we looked at showed people’s weights were stable and no interventions from dieticians or GP’s had been needed.

Mealtimes were described as “Very nice,” and “Pleasant occasions.” One person told us “Residents like a chat so the television goes off and there are no mobile phones at the table either.” People told us they could choose which of two dining rooms they ate in and we saw that they were free to sit where they preferred. We saw that one resident preferred to sit at a table alone however they were included in the general conversation during their meal. We saw adapted cutlery and crockery being used appropriately, meaning that people were assisted to maintain their

Is the service effective?

independence with eating. We saw one person being assisted to eat their meal. The member of staff was focused on that person and maintained good eye contact with them.

People we spoke with were positive about the meals provided in the home. One person said about the food “I think it is outstanding - everything is made in the kitchen.” People told us that they could ask for alternative meals if they did not like what was on the menu. One person said, “The chef comes round the night before to ask what you want, if there’s nothing you fancy they will make something else.” The person also told us that they had felt hungry at ten o’clock in the evening and asked if they could have a sandwich, which was brought to their room. We saw that tables were attractively laid and that the food served looked appetising. Menus contained information as to allergens that may be present in meals and indicated which was the day’s ‘healthy choice’. Additional dietary and nutrition advice was offered as a part of the weekly exercise classes.

We saw people’s individual care records contained good information about how their health needs were being met. Records confirmed that people had health checks with their local GP and support from health care professionals to meet any specialist health care requirements. When people attended healthcare appointments clear records were made. One person told us that staff had been quick to arrange a follow-up appointment with a dentist when they had experience bleeding after an appointment. We looked at care records which showed other healthcare professionals were consulted and had provided guidance for supporting people, for example a speech and language therapist had provided a detailed plan for staff to follow regarding food and drink consistency for one person who used the service. We saw staff followed these guidelines when providing support with eating and drinking.

We saw people who used the service had a ‘hospital passport’ in place. This gave information on essential needs and would accompany people to any hospital admissions.

Is the service caring?

Our findings

People were very positive when discussing the staff. A person who used the service said that the staff were “Kind, compassionate and very supportive.” Another person told us “I am listened to because that’s the way that they [the staff] have been trained by the manager.” Interaction between staff and people who used the service was relaxed, staff were cheerful and friendly and people who used the service appeared to respond to them well. A visiting relative told us “I feel totally confident when I am away that [my relative] is well cared for.”

People told us that routines in the home were flexible. People were free to rise and go to bed as they preferred, make meals and snacks independently if they wished and shower or bathe when they wished. People told us “I could have a bath or shower two or three times a day if I want” and “I don’t always get up in time for breakfast, it may be 11am and the staff will bring me something to eat” and “There are no hard and fast rules.” We were told by people living at the home that their visitors were welcome at any time and that they were able to stay to have meals with their friends and relatives for a nominal charge. Some people told us that they had a space for friends and relatives to stay for the night if they wished. We saw that several people had their own pets.

We saw evidence that people and their relatives were involved in writing and reviewing their care plans. Care plans were signed by people who used the service and/or their relatives. When we spoke with people who used the service they were clearly aware of their support plans which they called their PCP’s. (Person centred plans). A person who used the service told us “When [the staff] did my care plan they asked what I would like putting in and explained to me why they do it in a certain way.”

Staff we spoke with told us they built good relationships with people and got to know them well. They told us they got to know people from information in their care plans and through talking to them. One staff member told us “All the staff and residents get on very well.” People who used the service told us they completed a personal life history to put in their care plans, and they told us that they liked the fact that this was done. One person referred to it as “Useful

information for the staff.” Another person said “I was asked to write my life history so they get to know me. I think that’s lovely.” People who used the service enjoyed the relaxed, friendly communication from staff. Throughout the visit we observed staff speaking to people in a friendly and respectful manner. Staff took the time to stop and chat to people and respond to comments made. We saw that people were not rushed and explanations were respectful and clear.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. Staff handover records showed that people’s care needs were discussed at each handover to ensure their needs were properly met, for example, if a doctor’s visit was needed.

The home was well maintained and we saw that were able to personalise their rooms and flats as they wished. One person told us that they had chosen wallpaper which volunteers had put up for them. Another person told us that they had been supported to develop and maintain an area of the garden. They told us “[The staff] know I like gardening and flowers so if they see something I might like they bring it in for me.”

The registered manager was aware of how to assist people to obtain an advocate if needed and gave us examples of people who had this support in place. Monthly meetings were held by the provider’s personalisation and involvement officer who acted as a further point of contact and support for people living in the home. We saw information displayed telling people who the person was and their contact details, when they would visit and what kinds of assistance they could provide. There had been two meetings to date and we saw the minutes of both. The personalisation and involvement officer had spoken to 16 of the 18 residents on both visits. We saw a summary of the conversations and actions for completion arising out of this. For example one person had stated that they experienced anxiety around other people living in the home. The provider had checked that there was a protection plan in place and recommended that a referral to counselling services should be chased up. The minutes showed that conversations covered topics including environment, networks, care and support and safety.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. A visiting relative told us that their family member had moved from another service which they had felt was not delivering appropriate care. They told us “The marked difference is the care and attention [my family member] receives; it is excellent, particularly the personal care. [My family member] has regained independence and has an improved quality of life. It is a three way partnership between [my family member], me and the care staff.”

We looked, in detail at the care records for three people who used the service. The support plans were comprehensive and contained useful information to enable effective care to be delivered. We saw these were individualised to the abilities of the people who used the service and identified the support people needed and what they could do for themselves to maintain their independence. We saw each person who used the service had a ‘one page profile’ which gave an overview of people’s needs, interests and personalities which helped others get to know what was important to them.

The support plans were detailed and gave a very good account of the person as an individual, their preferences and routines. Support plans were kept under review and updated as needed. Staff were provided with clear guidance on how to support people as they wished. This included individual ways of communicating with people who used the service. Our observations showed that staff provided care and support as detailed in the support plans. We saw staff used the documented guidance when communicating with people and when providing support with meals and drinks. Daily records showed people received care as planned such as a daily shower or bath and specific support to maintain continence. People told us that they did not have to wait to receive care. A person who used the service said “My call bell is answered straight away usually, there’s always someone available.”

The registered manager told us the home had an activity co-ordinator; employed for 18 hours per week. People who used the service said the activity co-ordinator spoke with

them individually about their interests and hobbies so that they could be included as part of the activity on offer. We also saw activity was a regular agenda item at ‘residents meetings’. We saw that people who used the service had recently asked for more weekend activity and the activity co-ordinator had provided information of what was on in the local area at weekends, such as pub quizzes.

We saw an activity calendar was drawn up each month. This showed a variety of activity and outings were on offer. These included a weekly visit to a gym in the community and a weekly keep-fit session that was held in the home. In addition to this we saw trips to local events such as the Yorkshire Show and local bandstand concerts were available, also meals out and day trips to the coast. The registered manager said they had the support of volunteers at the home to enable trips and activity.

Records of activity undertaken by people were not clearly recorded to show they had been evaluated for their effectiveness and enjoyment by people who used the service. Daily records were titled as ‘summary of person’s day’. The records we looked at did not give details of activity people had been engaged in. They were focused on the personal care given to people. The registered manager agreed this was an area they needed to improve on.

The service had a system in place for handling complaints and concerns and provided leaflets summarising how to make a complaint. We looked at the complaints log and found that concerns were appropriately recorded and actioned. A visiting relative told us about a concern that had been raised on behalf of their family member. They told us “[The registered manager] dealt with it very thoroughly.”

The registered manager told us about a programme of fundraising. They said that money was currently being raised to develop a sensory bathroom in line with residents’ wishes, and that residents had also suggested that they would like to raise money to develop a sensory garden that would also serve as a memorial for friends who they had lost. The registered manager oversaw a highly successful fund raising programme which had resulted in substantial enhancements to the lives of people living at the home, for example the creation of a computer room in what had been an atrium space and the addition of a large conservatory which we saw being used as a dining room during the inspection.

Is the service well-led?

Our findings

Staff told us that morale was high and spoke highly of the registered manager, describing them as approachable and supportive. One staff member told us “I love working here. [Name of registered manager] is a good manager, they are easy to talk to. They have an open door policy and issues get dealt with.” Another staff member said “I can talk to the manager; the door is always open.”

People who used the service told us that the registered manager was well liked and visible. One person told us ‘The manager is nice, always got time for you and is so patient. They will always listen and has never said I haven’t got time for you.’ People told us that the registered manager often ate meals with them in the dining room. One person told us they did not have confidence in the manager and we saw evidence that the provider was investigating their concerns.

The registered manager had identified a number of areas for improvement and planned the way that they would implement change. Improvements included redecoration and re-carpeting throughout most of the home, adaptation of unusable space into a dedicated computer room for people using the service and the addition of a conservatory which we saw in use as a dining room. Some improvements had been funded through considerable fundraising efforts. The registered manager told us about planned future improvements for which funds were being raised including a sensory bathroom and a new garden area. They told us “The residents take a real interest in coming up with ideas and asking me how fundraising is going.”

The registered manager undertook direct observation of out of hours practice by staff by making spot checks. We looked at records of three recent early morning visits and saw that the registered manager had checked that any people who were up had chosen to get out of bed early, had received prompt assistance and had been provided with drinks and breakfast. Checks were made to ensure that night staff had completed all necessary documentation and that the environment was clean and tidy. We saw that action was taken to correct any issues and that the registered manager sent these reports to the provider.

The registered manager maintained a well-organised system of weekly and monthly audits which showed

evidence of review and action being taken. We looked at records of monitoring of health and safety, food hygiene and manual handling. The manual handling checks included details of training for staff in using any new appliances. We saw records confirming that external contractors made regular checks on the operation of the passenger lift, water temperature and infection control. The registered manager told us that the provider ran a programme of constructive peer audits undertaken by managers from other services owned by the provider. We saw records relating to a peer audit of catering hygiene and safety undertaken on 30 June 2015. This was detailed and included detail of required actions where needed. The registered manager told us “It is good; you get to go to other homes and see how they do things there. We pick up good ideas from each other.”

Staff told us the registered manager held meeting with them. One staff member told us “We can speak quite freely and put forward ideas at staff meetings.” Another staff member said “You can raise suggestions and issues. I can see that this home is quite open. I have worked elsewhere and this is better.” We looked at the minutes of the two most recent meetings where in house issues and standards were discussed. We saw the registered manager had discussed expected standards for communication amongst staff. The opportunity had been used to refresh all staff as to what standards were expected. We also saw the registered manager had used the meetings to give updates on changes to the Care Act, safeguarding information from the local council and information about DoLS. This meant that the staff were being kept up to date with local and national policy changes which impacted on their work.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us in accordance with the requirements of their registration. We reviewed these as part of the preparation for the inspection.

We saw the provider had sought feedback from people as a part of a survey across all of their homes. The provider had given the registered manager feedback about the home. Five people had responded to the survey, giving the home a 100% score in all areas, which placed it above the average score for other homes owned by the provider. Responses

Is the service well-led?

had been sought as to food and drink, cleanliness, how people were helped and treated by staff, support for involvement in finances and medication, support from volunteers and laundry.